

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: CONTRACEPTIVE TRANSCERVICAL  
FALLOPIAN TUBE OCCLUSION DEVICES AND  
THEIR DELIVERY

Attorney Docket Number:: 016355-002440US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 4

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Julian

Middle Name:

Family Name: Nikolchev

Name Suffix:

City of Residence: Portola Valley

State or Province of Residence: CA

Country of Residence: US

Street of Mailing Address: 251 Durazno Way

City of Mailing Address: Portola Valley

State or Province of mailing address: CA

Country of mailing address: US

Postal or Zip Code of mailing address: 94028

Applicant Authority Type: Inventor

Primary Citizenship Country: US

Status: Full Capacity

Given Name: Dai

Middle Name:

Family Name: Ton

Name Suffix:

City of Residence: San Jose

State or Province of Residence: CA

Country of Residence: US

Street of Mailing Address: 1693 Flickinger Avenue

City of Mailing Address: San Jose

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95131

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Amy  
Middle Name::  
Family Name:: Thurmond  
Name Suffix::  
City of Residence:: Portland  
State or Province of Residence:: OR  
Country of Residence:: US  
Street of Mailing Address:: 12031 So. West Breyman Avenue  
City of Mailing Address:: Portland  
State or Province of mailing address:: OR  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 97219

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/591,874	06/12/00
09/591,874	Continuation of	08/474,779	06/07/95

**Foreign Priority Information**

Country::                      Application number::              Filing Date::

**Assignee Information**

Assignee Name::                      Conceptus, Inc.  
Street of mailing address::              1021 Howard Avenue  
City of mailing address::              San Carlos  
State or Province of mailing address::      CA  
Country of mailing address::              US  
Postal or Zip Code of mailing address::      94070